01/31/2011 14:04

### **FEC** FORM 3X

FE6AN026

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00006080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 23 2010 12 3 1 2010 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Leonard Russ Type or Print Name of Treasurer Electronically Filed by Mr. Leonard Russ 0 1 3 1 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 28 FEC Form 3X (Rev. 02/2003)

	Write or Type Committee Name American Health Care Association Political Ad	ction Committee	
F	Report Covering the Period: From:	23 2010	To: D D D Y Y Y Y Y Y Y 2 0 1 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2010 Y Y Y		128897.14
	(b) Cash on Hand at Begining of Reporting Period	110015.77	
	(c) Total Receipts (from Line 19)	15041.45	904685.08
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	125057.22	1033582.22
7.	Total Disbursements (from Line 31)	5750.00	914275.00
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	119307.22	119307.22
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE** OF RECEIPTS

3 / 28 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

м м 1 1 D 2 3 2 0 1 0 м м 1 2 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts

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	3 1	ı

Υ	Υ	Υ	Υ
	2 (	0 1	0

	I. Receipts	Total This Period	Calendar Year-to-Date	
11.	Contributions (other than loans) From: (a) Individuals/Persons Other			
	Than Political Committees (i) Itemized (use Schedule A)	14101.75	782166.57	
	(ii) Unitemized	939.70	85018.51	
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	15041.45	867185.08	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	13000.00	
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15041.45	880185.08	
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	
13.	All Loans Received	0.00	0.00	
14. 15.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00	
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00	
10.	to Federal candidates and Other Political Committees	0.00	24500.00	
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	
8.	Transfers from Non-Federal and Levin Funds			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
	(b) Levin Funds (from Schedule H5)	0.00	0.00	
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00	
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15041.45	904685.08	
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	15041.45	904685.08	

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 28

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		2.00
3.	Contributions to	0.00	0.00
·.	Federal Candidates/Committeesand Other Political Committees	5750.00	911800.00
4.	Independent Expenditure		0.00
5.	(use Schedule E)	0.00	0.00
<b>J</b> .	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	2475.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2475.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) redetal State		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5750.00	914275.00
2.	Total Federal Disbursements		
· <b>-</b> .	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	5750.00	914275.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 28

III. Net Contributions/Operat Expenditures	ting COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans from Line 11(d), page 3)		880185.08
4. Total Contribution Refunds (from Line 28(d))	0.00	2475.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	15041.45	877710.08
36. Total Federal Operating Expenditure (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Story commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Lyn Bentley			Date of Receipt
	Mailing Address 2212 Hidden Valley Lr		7: 0.1	111 29 2010
	City Silver Spring	State MD	Zip Code 20904-5240	Transaction ID: C1150901  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Health Care Asso- ciation	Occupation Director,	Regulatory	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00	
— В.	Full Name (Last, First, Middle Initial) Lyn Bentley Mailing Address 2212 Hidden Valley Lr	1		Date of Receipt
				12 06 2010
	City Silver Spring	State MD	Zip Code 20904-5240	Transaction ID: C1158576  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2004 32 40	20.00
	Name of Employer American Health Care Asso- ciation	Occupation Director,	n Regulatory	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00	
 C.	Full Name (Last, First, Middle Initial) Lyn Bentley			Date of Receipt
	Mailing Address 2212 Hidden Valley Lr	1		12 13 2010
	City Silver Spring	State MD	Zip Code 20904-5240	Transaction ID: C1162306
	FEC ID number of contributing federal political committee.	C	20904-0240	Amount of Each Receipt this Period  20.00
	Name of Employer American Health Care Asso- ciation	_ '	Regulatory	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00	
s	UBTOTAL of Receipts This Page (optional)			60.00
	OTAL This Period (last page this line number			

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purp	ooses, other than using the nam	ne and addre	ess of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, F Lyn Bentley Mailing Address  City Silver Spring  FEC ID number of federal political cor  Name of Employer American Health C ciation Receipt For: Primary Other (specif	2212 Hidden Valley Ln  contributing nmittee.  care Asso-  General		Zip Code 20904-5240  Regulatory /ear-to-Date ▼ 540.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y     1 2   2 7   2 0 1 0    Transaction ID: C1167027    Amount of Each Receipt this Period   20.00
Full Name (Last, F Elizabeth Casey Mailing Address  City Westlake Villag FEC ID number of federal political cor  Name of Employer The Chase Group  Receipt For: Primary Other (specif	and Oaks Blue  Contributing nmittee.  General	State CA  C C  Description Partner	Zip Code 91362-3402 /ear-to-Date ▼ 5000.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, F Susan Chase	irst, Middle Initial)  5374 Long Shadow Ct  e contributing nmittee.	State CA  C  Description Partner Aggregate Y	Zip Code 91362-5223 /ear-to-Date ▼ 5000.00	Date of Receipt  M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: C1162460  Amount of Each Receipt this Period  1250.00
SUBTOTAL of Rece	ipts This Page (optional)			2520.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28 (check only one)    X   11a	
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.	
/ American Health Care Association Po	illical Action Committee		
Full Name (Last, First, Middle Initial) Louis E. Cottrell, Jr.  Mailing Address 4156 Carmichael Roa	Louis E. Cottrell, Jr.		
01	7: 0 1	12 16 2010	
City Montgomery	State Zip Code AL 36106-2866	Transaction ID: C1167023	
FEC ID number of contributing federal political committee.	C 30100-2000	Amount of Each Receipt this Period  1000.00	
Name of Employer Alabama Nursing Home Asso- ciation	Occupation Executive Director		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	•	
Full Name (Last, First, Middle Initial) Teresa Eyet  Mailing Address 10009 Dallas Ave	Date of Receipt		
011	11 29 2010		
City Takoma Park	State Zip Code MD 20901-2240	Transaction ID: C1150903	
FEC ID number of contributing federal political committee.	MD 20901-2240	Amount of Each Receipt this Period  20.00	
Name of Employer American Health Care Asso- ciation	Occupation Director, Education		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		
Full Name (Last, First, Middle Initial) Teresa Eyet		Date of Receipt	
Mailing Address 10009 Dallas Ave		12 06 2010	
City	State Zip Code	Transaction ID: C1158577	
Takoma Park	MD 20901-2240	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.00	
Name of Employer American Health Care Asso- ciation	Occupation Director, Education		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  540.00		
SUBTOTAL of Receipts This Page (optional)		1040.00	

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one)    X   11a
or for comme	on copied from such Reports and Sercial purposes, other than using the COMMITTEE (In Full)  In Health Care Association Po	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name Teresa Ey Mailing Ac City Takoma FEC ID ni federal po	e (Last, First, Middle Initial) et ddress 10009 Dallas Ave  Park umber of contributing litical committee.	State MD	Zip Code 20901-2240	Date of Receipt    M M
ciation Receipt F Prin Oth	nary General er (specify) ♥		Education  Year-to-Date  540.00	]
Full Name Teresa Ey Mailing Ad		State	Zip Code	Date of Receipt    M
Federal po Name of I American ciation	umber of contributing litical committee. Employer Health Care Asso-	MD C Occupation Director,	20901-2240	Amount of Each Receipt this Period  20.00
	or: nary General er (specify) ♥	Aggregate	e Year-to-Date ▼ 540.00	
Bill Hartun	Full Name (Last, First, Middle Initial)  Bill Hartung  Mailing Address 1210 Massachusetts Avenue, NW			Date of Receipt  1 1 2 9 2 0 1 0
	#407 gton umber of contributing litical committee.	State DC	Zip Code 20005	Transaction ID: C1153032  Amount of Each Receipt this Period  10.00
ciation Receipt F	Employer Health Care Asso- or: nary General er (specify)	Occupation Vice Pre		
SUBTOTAL	of Receipts This Page (optional)	1	)	50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association P	e name and address c	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bill Hartung  Mailing Address 1210 Massachusetts #407  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association  Receipt For:  Primary General Other (specify)	State Z		Date of Receipt  M M M O 6 2010  Transaction ID: C1158579  Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial) Bill Hartung  Mailing Address 1210 Massachusetts #407  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association  Receipt For:  Primary General Other (specify)	State Z		Date of Receipt  1 2 1 3 2 0 1 0  Transaction ID: C1162311  Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial) Bill Hartung  Mailing Address 1210 Massachusetts #407  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association  Receipt For: Primary General Other (specify)	State Z		Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)			30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 11 / 28 (check only one)  X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association P	olitical Action	Committee	
Full Name (Last, First, Middle Initial) David Hebert			Date of Receipt
Mailing Address 7605 Ridgecrest Driv	/e		11 29 2010
City	State	Zip Code	Transaction ID: C1153043
Alexandria	VA	22308-1049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer American Health Care Asso-	Occupatio		
<u>ciation</u>		ice President of Advocacy	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify)		1138.25	
Full Name (Last, First, Middle Initial) David Hebert	'		Date of Receipt
Mailing Address 7605 Ridgecrest Driv	/e		1 2 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1158646
Alexandria	VA	22308-1049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer American Health Care Asso- ciation	Occupatio Senior V	n ice President of Advocacy	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		1138.25	
Full Name (Last, First, Middle Initial) David Hebert			Date of Receipt
Mailing Address 7605 Ridgecrest Driv	/e		12 13 2010
City	State	Zip Code	Transaction ID: C1162320
Alexandria	VA	22308-1049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer American Health Care Asso- ciation	Occupatio Senior V	n ice President of Advocacy	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	33 1344	1138.25	
SUBTOTAL of Receipts This Page (optional)			115.41

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 12 / 28 (check only one)
I LIVIIZED HEVEIF I V		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may ne name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial) David Hebert			Date of Receipt
Mailing Address 7605 Ridgecrest Drive	e		12 27 2010
City	State	Zip Code	Transaction ID: C1167044
<u>Alexandria</u>	VA	22308-1049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.25
Name of Employer	Occupation	n	7
American Health Care Association	Senior Vi	ce President of Advocacy	
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	0 0	1138.25	]
Full Name (Last, First, Middle Initial) Cheryl Killian	-1		Date of Receipt
Mailing Address 3801 Woodside Dr			1 1 2 6 2 0 1 0
City	State	Zip Code	Transaction ID: C1150895
Arlington	TX	76016-3030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Legacy Care Centers Inc.	Occupation President		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) Cheryl Killian			Date of Receipt
Mailing Address 3801 Woodside Dr			12 24 2010
City	State	Zip Code	Transaction ID: C1173868
Arlington	TX	76016-3030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Legacy Care Centers Inc.	Occupation President		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	0 0	300.00	
			<u> </u>

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers g the name and address of any political committee to	
American Health Care Association  Full Name (Last, First, Middle Initial)	n Political Action Committee	
Mary Jo Kurtz  Mailing Address 304 South Van Die	en Avenue	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Ridgewood	State Zip Code NJ 07450	Transaction ID: C1161940  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Van Dyk Health Care	Occupation Chief Operating Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) David Kyllo Meiling Address 4601 00th Band S		Date of Receipt
Mailing Address 4621 28th Road S	outh	11 29 2010
City	State Zip Code	Transaction ID: C1153045
Arlington	VA 22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.56
Name of Employer National Center for Assis- ted Living	Occupation Executive Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1068.12	
Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt
Mailing Address 4621 28th Road S	outh	12 06 2010
City	State Zip Code	Transaction ID: C1158647
Arlington  FEC ID number of contributing federal political committee.	VA 22206	Amount of Each Receipt this Period  39.56
Name of Employer National Center for Assis- ted Living	Occupation Executive Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1068.12	
SUBTOTAL of Receipts This Page (option	nal)	179.12

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one)    X   11a
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Health Care Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt
Mailing Address 4621 28th Road		12 13 2010
City Arlington	State Zip Code VA 22206	Transaction ID: C1162448
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  39.56
Name of Employer National Center for Assis- ted Living	Occupation Executive Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1068.12	
Full Name (Last, First, Middle Initial) David Kyllo  Mailing Address 4004 0001 D	10	Date of Receipt
Mailing Address 4621 28th Road	a South	12 27 2010
City	State Zip Code	Transaction ID: C1167075
Arlington  FEC ID number of contributing	VA 22206	Amount of Each Receipt this Period  39.56
federal political committee.	C	00.00
Name of Employer National Center for Assis- ted Living	Occupation Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1068.12	
Full Name (Last, First, Middle Initial) David Mason		Date of Receipt
Mailing Address 9303 Consefition	n Court	12 17 2010
City	State Zip Code	Transaction ID: C1161318
Louisville	KY 40291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Medline	Occupation LTC Sales Executive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
SUBTOTAL of Receipts This Page (op	tional)	139.12
	number only)	

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Posterial Name (Last, First, Middle Initial)  Roberts Nelson  Mailing Address 3075 E Thousand Oa  City  Westlake Village  FEC ID number of contributing federal political committee.	litical Action Commit  State Zip C	ny political committee to	Date of Receipt    Date of Receipt   2 0 1 0
Roberts Nelson  Mailing Address 3075 E Thousand Oa  City  Westlake Village  FEC ID number of contributing	State Zip C		1 2 2 0 1 0 2 0 1 0 Transaction ID: C1162462
City Westlake Village FEC ID number of contributing	State Zip C		1 2 2 0 2 0 1 0 Transaction ID: C1162462
Westlake Village  FEC ID number of contributing	CA 9136		
FEC ID number of contributing		62-3402	Amount of Each Receipt this Period
	С		- I I I I I I I I I I I I I I I I I I I
rederal political committee.			1250.00
Name of Employer The Chase Group	Occupation Partner		
Receipt For: Primary General Other (specify)	Aggregate Year-to-D	5000.00	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly	0 0 0 0	0 0 0 0 0 0	Date of Receipt
Mailing Address 4005 Nellie Custis Dr			11 29 2010
City	State Zip C		Transaction ID: C1153049
Arlington  FEC ID number of contributing federal political committee.	VA 2220	07-5107	Amount of Each Receipt this Period  20.00
Name of Employer American Health Care Asso- ciation	+ · · · · · · · · · · · · · · · · · · ·	ongressional Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-E	Oate ▼ 640.00	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly	1		Date of Receipt
Mailing Address 4005 Nellie Custis Dr			1 2 0 6 Y Y Y Y Y Y
City	State Zip 0	Code	Transaction ID: C1158648
Arlington	VA 2220	07-5107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer American Health Care Asso- ciation	Occupation Sr. Director of Co	ongressional Affairs	
Receipt For: Primary General Other (specify)	Aggregate Year-to-E	Pate ▼ 640.00	
SUBTOTAL of Receipts This Page (optional) .		<b>.</b>	1290.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Health Care Association	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly Mailing Address 4005 Nellie Custis	Dr		Date of Receipt
City Arlington	State VA	Zip Code 22207-5107	Transaction ID: C1162449  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer American Health Care Association Receipt For:  Primary General Other (specify) ▼	<del></del>	tor of Congressional Affairs  Year-to-Date   640.00	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly Mailing Address 4005 Nellie Custis	Dr		Date of Receipt    M
City	State	Zip Code	Transaction ID: C1167077
Arlington	VA	22207-5107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer American Health Care Asso- ciation		tor of Congressional Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) Julie Painter	•		Date of Receipt
Mailing Address 3614 Connecticut Apt 22			11 29 2010
City Washington	State DC	Zip Code 20008-2436	Transaction ID: C1153051  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20000 2400	11.54
Name of Employer American Health Care Asso- ciation Receipt For:	<del>- '</del>	irector of Constituency Affair	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 311.50	
SUBTOTAL of Receipts This Page (option	nal)		51.54

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Julie Painter  Mailing Address 3614 Connecticut Ave I Apt 22  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association  Receipt For:  Primary General Other (specify)	State DC C Occupatio Senior D	Zip Code 20008-2436  In irrector of Constituency Affair e Year-to-Date ▼ 311.50	Date of Receipt  1 2 0 6 2 0 1 0  Transaction ID: C1158649  Amount of Each Receipt this Period  11.54
В.	Full Name (Last, First, Middle Initial) Julie Painter  Mailing Address 3614 Connecticut Ave Nat 22  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association  Receipt For:  Primary General  Other (specify)	State DC C Occupatio Senior D	Zip Code 20008-2436	Date of Receipt    M M
 C.	Full Name (Last, First, Middle Initial) Julie Painter  Mailing Address 3614 Connecticut Ave I Apt 22  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association  Receipt For:  Primary General  Other (specify)	State DC C Occupatio Senior D	Zip Code 20008-2436  In irrector of Constituency Affair e Year-to-Date ▼ 311.50	Date of Receipt  M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: C1167079  Amount of Each Receipt this Period  11.50
t	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		<u> </u>	34.58

Full Name Americation Recent Mailin City Falls Full Name Americation Recent Mailin City Falls Full Name Americation Recent Mailin City Falls	ME OF COMMITTEE (In Full) erican Health Care Association Polit  Name (Last, First, Middle Initial) on Purvis ng Address 7805 Sycamore Drive  S Church  ID number of contributing ral political committee.  Le of Employer erican Health Care Asso-		
Full N Shared Mailin Rece	Primary Other (specify)  Pare (Last, First, Middle Initial) On Purvis  7805 Sycamore Drive  S Church  ID number of contributing ral political committee.  Per of Employer Prican Health Care Assobility Other (specify)  Name (Last, First, Middle Initial)	State Zip Code VA 22042  C  Occupation Senior Director, Vendor Relations Aggregate Year-to-Date	Transaction ID: C1153053  Amount of Each Receipt this Period  22.73
Share Mailir City Falls FEC feder  Namma Americatic Rece Share Mailir City Falls FEC feder	ng Address 7805 Sycamore Drive  s Church  ID number of contributing ral political committee.  le of Employer rican Health Care Assoon eipt For:  Primary General  Other (specify)  Name (Last, First, Middle Initial)	VA 22042  C Occupation Senior Director, Vendor Relations Aggregate Year-to-Date ▼	Transaction ID: C1153053  Amount of Each Receipt this Period  22.73
Full N Share Mailin City Falls Fece	s Church  ID number of contributing ral political committee.  le of Employer prican Health Care Associan Health Ca	VA 22042  C Occupation Senior Director, Vendor Relations Aggregate Year-to-Date ▼	Transaction ID: C1153053  Amount of Each Receipt this Period  22.73
Falls FEC feder  Name Americatic Rece  Full N Shard  Mailin  City  Falls FEC feder	ID number of contributing ral political committee.  The efficient of the political committee of the political committee.  The efficient of the political committee of the political com	VA 22042  C Occupation Senior Director, Vendor Relations Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  22.73
FEC feder  Name Americatic Rece  Full N Sharr Mailin City  Falls  FEC feder	ID number of contributing ral political committee.  The efficient of the political committee of the political committee.  The efficient of the political committee of the political com	Occupation Senior Director, Vendor Relations Aggregate Year-to-Date	22.73
Full N Share Mailir FEC feder	ral political committee.  le of Employer rican Health Care Asso- pipt For: Primary General Other (specify)   Name (Last, First, Middle Initial)	Occupation Senior Director, Vendor Relations Aggregate Year-to-Date ▼	
Full N Share Mailin City Falls FEC feder	on eipt For: Primary General Other (specify) ▼	Senior Director, Vendor Relations  Aggregate Year-to-Date ▼	
Full N Share Mailin City Falls FEC feder	on eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full N Share Mailin City Falls	Primary General Other (specify) ▼  Name (Last, First, Middle Initial)		
Mailin City Falls FEC feder	Name (Last, First, Middle Initial)	250.00	
Mailin City Falls FEC feder			
City Falls FEC feder			Date of Receipt
Falls FEC feder	ng Address 7805 Sycamore Drive		12 06 2010
FEC feder		State Zip Code	Transaction ID: C1158651
feder	s Church	VA 22042	Amount of Each Receipt this Period
Name Ame	ID number of contributing ral political committee.	C	22.73
ciatio	e of Employer rican Health Care Asso- on	Occupation Senior Director, Vendor Relations	<del></del>
	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) on Purvis		Date of Receipt
Mailir	ng Address 7805 Sycamore Drive		12 13 2010
City		State Zip Code	Transaction ID: C1162452
<u>Falls</u>	s Church	VA 22042	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	22.73
Name Ame	e of Employer rican Health Care Asso- on	Occupation Senior Director, Vendor Relations	S
	eipt For:	Aggregate Year-to-Date ▼	
	Primary General	250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 28 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any person dress of any political committee to	
American Health Care Association Pol	itical Action	Committee	
Full Name (Last, First, Middle Initial) Sharon Purvis			Date of Receipt
Mailing Address 7805 Sycamore Drive			12 27 2010
City	State	Zip Code	Transaction ID: C1167083
Falls Church  FEC ID number of contributing federal political committee.	C	22042	Amount of Each Receipt this Period  22.70
Name of Employer American Health Care Asso-	Occupation Senior D	n irector, Vendor Relations	
ciation Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joan Redden			Date of Receipt
Mailing Address 16025 Constable			12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Riverside	State CA	Zip Code 92504	Transaction ID: C1159619  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Skilled Health Care	Occupation VP Regu		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) Shelley Sabo	<u> </u>		Date of Receipt
Mailing Address 6360 Tisbury Dr			11 29 2010
City Burke	State VA	Zip Code 22015-4061	Transaction ID: C1153054  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer National Center for Assis- ted Living	Occupation Director	n Assisted Living	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	]
SUBTOTAL of Receipts This Page (optional)			132.70

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 28 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association I	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Shelley Sabo Mailing Address 6360 Tisbury Dr			Date of Receipt  1 2 0 6 2 0 1 0
City  Burke  FEC ID number of contributing federal political committee.	State VA	Zip Code 22015-4061	Transaction ID: C1158652  Amount of Each Receipt this Period  10.00
Name of Employer National Center for Assisted Living Receipt For:  Primary  General  Other (specify) ▼	<del></del>	Assisted Living  e Year-to-Date  270.00	
Full Name (Last, First, Middle Initial) Shelley Sabo Mailing Address 6360 Tisbury Dr			Date of Receipt
City  Burke  FEC ID number of contributing federal political committee.	State VA	Zip Code 22015-4061	Transaction ID: C1162453  Amount of Each Receipt this Period  10.00
Name of Employer National Center for Assisted Living Receipt For:  Primary General  Other (specify) ▼	Occupatio Director	Assisted Living e Year-to-Date  270.00	
Full Name (Last, First, Middle Initial) Shelley Sabo  Mailing Address 6360 Tisbury Dr	I		Date of Receipt
City Burke FEC ID number of contributing federal political committee.	State VA	Zip Code 22015-4061	Transaction ID: C1167086  Amount of Each Receipt this Period  10.00
Name of Employer National Center for Assisted Living Receipt For:  Primary General  Other (specify) ▼		Assisted Living  Year-to-Date ▼  270.00	
SUBTOTAL of Receipts This Page (optional	)	<b>)</b>	30.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate for each cate Detailed Sun	~ '	2 _
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Health Care Association	g the name and address of any poli	used by any person for the purpose of soliciting contributio tical committee to solicit contributions from such committee	ns e.
Full Name (Last, First, Middle Initial) Jennifer Shimer  Mailing Address 9507 Shelly Krasr	ow I n	Date of Receipt	V
City Fairfax  FEC ID number of contributing federal political committee.	State Zip Code VA 22031-472	1 1 2 9 2 0 1  Transaction ID: C1153056	1 0
Name of Employer American Health Care Association Receipt For:  Primary  General  Other (specify) ▼	Occupation COO Aggregate Year-to-Date	311.50	
Full Name (Last, First, Middle Initial) Jennifer Shimer Mailing Address 9507 Shelly Krasr		Date of Receipt	
City Fairfax  FEC ID number of contributing federal political committee.	State Zip Code VA 22031-472	Transaction ID: C1158653  Amount of Each Receipt this Perio	1 1
Name of Employer American Health Care Association Receipt For: Primary General Other (specify)	Occupation COO Aggregate Year-to-Date	311.50	
Full Name (Last, First, Middle Initial) Jennifer Shimer  Mailing Address 9507 Shelly Krasr	ow Ln	Date of Receipt	
City	State Zip Code	1 2 1 3 2 0 1 Transaction ID: C1162454	1,0
Fairfax  FEC ID number of contributing federal political committee.	VA 22031-472	Amount of Each Receipt this Perio	1 1
Name of Employer American Health Care Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation COO Aggregate Year-to-Date	311.50	
SUBTOTAL of Receipts This Page (option	al)	34.0	62

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 28 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Health Care Associatio	and Statements may not be sold or used by any person the name and address of any political committee to see the political Action Committee.	n for the purpose of soliciting contributions solicit contributions from such committee.
American Fleatin Care Associatio	in Folitical Action Committee	
Full Name (Last, First, Middle Initial) Jennifer Shimer		Date of Receipt
Mailing Address 9507 Shelly Krasr	now Ln	12 27 2010
City	State Zip Code	Transaction ID: C1167087
<u>Fairfax</u>	VA 22031-4720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11.50
Name of Employer American Health Care Asso- ciation	Occupation COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 311.50	
Full Name (Last, First, Middle Initial) Matthew D. Smyth	L	Date of Receipt
Mailing Address 2405 I St NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1153057
Washington	DC 20037-2206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.24
Name of Employer American Health Care Asso- ciation	Occupation Director of Grassroots	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 519.00	
Full Name (Last, First, Middle Initial) Matthew D. Smyth	L	Date of Receipt
Mailing Address 2405 I St NW		1 2 0 6 2 0 1 0
City	State Zip Code	Transaction ID: C1158654
Washington	DC 20037-2206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.24
Name of Employer American Health Care Asso- ciation	Occupation Director of Grassroots	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 519.00	
SUBTOTAL of Receipts This Page (optio	nal)	49.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 28 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association P	Statements may not be sold or used by any persone name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Matthew D. Smyth  Mailing Address 2405   St NW  City Washington  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association Receipt For:  Primary General Other (specify)	State Zip Code DC 20037-2206  C  Occupation Director of Grassroots  Aggregate Year-to-Date   519.00	Date of Receipt  12 13 2010  Transaction ID: C1162455  Amount of Each Receipt this Period  19.24
Full Name (Last, First, Middle Initial) Matthew D. Smyth  Mailing Address 2405 I St NW  City Washington  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association  Receipt For:  Primary General Other (specify)	State Zip Code DC 20037-2206  C  Occupation Director of Grassroots  Aggregate Year-to-Date   519.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Brad Stebbins  Mailing Address 600 East Whaley  City  Longview  FEC ID number of contributing federal political committee.  Name of Employer Stebbins Five Companies  Receipt For: 2010  Primary X General  Other (specify)	State Zip Code TX 75601-6525  C  Occupation Owner  Aggregate Year-to-Date ▼  5000.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	663.24

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Kathy Weiner Mailing Address 1217 Nonchalant Dr		Date of Receipt  1 2 2 0 2 0 1 0
City	State Zip Code	Transaction ID: C1162459
Simi Valley	CA 93065-5717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Total Rehab Care	Occupation Owner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) Ted Weiner	1	Date of Receipt
Mailing Address 1217 Nonchalant Dr		12 20 2010
City	State Zip Code	Transaction ID: C1162457
Simi Valley  FEC ID number of contributing federal political committee.	CA 93065-5717	Amount of Each Receipt this Period  2500.00
Name of Employer Total Rehab Care	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) Arnold Whitman		Date of Receipt
Mailing Address 1975 Drummond Pon	d Road	12 14 2010
City	State Zip Code	Transaction ID: C1161327
Alpharetta  FEC ID number of contributing	GA 30004	Amount of Each Receipt this Period
federal political committee.	C	2500.00
Name of Employer Formation Capital	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional) .		7500.00
TOTAL This Period (last page this line numbe	r only)	

A.

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 25/28 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Nile Whitney Date of Receipt Mailing Address 4700 Village Green Drive 12 17 2010 City State Zip Code Transaction ID: C1161939 El Dorado Hills CA 95762 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Medline Industries Occupation LTC Sales Receipt For: Aggregate Year-to-Date Primary General 325.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	25.00
TOTAL This Period (last page this line number only)	<u> </u>	14101.75

ITEMIZED DIS			arate schedule(s)	(check on	E NUMBER: PAGE 26 / 28 ly one)
	BURSEMENTS	Detailed S	category of the Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
NAME OF COMM	poses, other than using the	e name and addres	ss of any political		for the purpose of soliciting contributions olicit contributions from such committee
Full Name (Last, F A NEW DIREC	First, Middle Initial) TION PAC PO BOX 4234				Transaction ID: D109213 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Concord		State NH	Zip Code 03302		Amount of Each Disbursement this Perio
Purpose of Disbur Contributions to F Candidate Name				Category/	1250.00
Office Sought:	House District:	sbursement For: Primary Other (spe	General ecify) ▼	Туре	
•	First, Middle Initial)  K.A. CAMPAIGN FOR  175 S. WEST TEMI				Transaction ID: D109743 Date of Disbursement  12
City SALT LAKE CI	 TY	State UT	Zip Code 84101		Amount of Each Disbursement this Perio
Purpose of Disbur Contributions to F Candidate Name	rsement			Category/ Type	5000.00
		sbursement For:	General		
Office Sought: State:	Senate President District:	Other (spe	ecify)		
State:	President District: First, Middle Initial)		ecify)		Transaction ID: D109212 Date of Disbursement
State: Full Name (Last, F	President District: First, Middle Initial)	Other (spe	ecify) ▼		
State: Full Name (Last, F	President District:  First, Middle Initial)  MMITTEE	Other (spe	Zip Code 02906		Date of Disbursement  M M M D 3 D Y 2 0 1 0  Amount of Each Disbursement this Period
State: Full Name (Last, For CICILLINE COId Mailing Address) City Providence Purpose of Disbur Contributions to For City	President District:  First, Middle Initial)  MMITTEE  102 Waterman St, 9	Other (spe	Zip Code		Date of Disbursement    M M M
State: Full Name (Last, For CICILLINE COId Mailing Address) City Providence Purpose of Disburt Contributions to For Candidate Name Rep. David Cicil	President District:  First, Middle Initial) MMITTEE  102 Waterman St, S  rsement ederal Candidates  illine	Other (spe	Zip Code 02906	Category/ Type	Date of Disbursement  M M M D 3 D Y 2 0 1 0  Amount of Each Disbursement this Period
State: Full Name (Last, For CICILLINE COI Mailing Address  City Providence Purpose of Disbut Contributions to For Candidate Name	President District:  First, Middle Initial) MMITTEE  102 Waterman St, S  resement ederal Candidates  illine	Other (spe	Zip Code 02906		Date of Disbursement  M M M D 3 D Y 2 0 1 0 Y  Amount of Each Disbursement this Perio

	ITEMIZED DISPLIPSEMENTS		Use separate schedule(s)			(check onl			: NUMBER: PAGE 27 / 28 y one)							
IT	EMIZED DISBURSEMENT	S		category of the Summary Page			21b 27		22 28a	X	23 28b		24 28c		25 29	26
	y Information copied from such Reports a for commercial purposes, other than using NAME OF COMMITTEE (In Full)															
V	American Health Care Association	Political .	Action Co	ommittee												
۱.	Full Name (Last, First, Middle Initial) MARKEY COMMITTEE, THE Mailing Address PO Box 526								Trans Date	of D	sburs				0 1 0	Y
	City Medford		tate //A	Zip Code 02155					Amou	int o	f Eacl	n Dis	burse	emen	t this F	Period
	Purpose of Disbursement Voided Contribution				Г									-20	00.00	
	Candidate Name Rep. Edward J. Markey					ate Ty	gory/ pe									
	Office Sought:  X House Senate President State: MA District: 07		nent For: Primary Other (spe	2010 General cify) ▼												
 8.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK								Trans Date							Y
	Mailing Address PO Box 750114								1 2	IVI		2 1		2	0 Í 0	
	City Las Vegas		tate IV	Zip Code 89136					Amou	int o	f Eacl	n Dis	burse		t this F	
	Purpose of Disbursement  Debt Retirement Contribution for Federal	l Candidate:	s						L.		-			10	00.00	
	Candidate Name Rep. Joe Heck					ate Ty	gory/ pe									
	Office Sought: X House Senate President	X	Primary Other (spe	• / •												
	State: NV District: 03  Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Debt Ret	irement (	Cont					Trans Date		-	_		610		
	Mailing Address 7908 Cincinnati	Dayton Ro	oad						<sup>M</sup> 2	М	/ D	0 2		Ž	0 1 0	Y
	City West Chester		tate OH	Zip Code 45069					Amou	int o	f Eacl	n Dis	burse	men	t this F	Period
	Purpose of Disbursement Voided Check					-			L.	0	-			-25	00.00	
	Candidate Name Rep. John A. Boehner					ate Ty	gory/ pe									
	Office Sought:  X House Senate President State: OH District: 08		nent For: Primary Other (spe	2010 X General cify) ▼												
	Otato. OTT DISTITOT. 00									_						

SCHEDULE B (FEC Form 3X)		arate schedule(s)	_	NUMBER: PAGE 28 / 28
TEMIZED DISBURSEMENTS		category of the Summary Page	(check only	22 X 23 24 25 28 28c 29
Any Information copied from such Reports and Stator for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)  American Health Care Association Politi				
Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS				Transaction ID: D109613 Date of Disbursement
Mailing Address PO Box 23940				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} $
City Santa Barbara	State CA	Zip Code 93121		Amount of Each Disbursement this Period
Purpose of Disbursement Voided Contribution				-1000.00
Candidate Name Rep. Lois Capps		0010	Category/ Type	
Senate President	rsement For: Primary Other (spe	2010 X General ecify) ▼		
State: CA District: 23  Full Name (Last, First, Middle Initial)  RICHARD E NEAL FOR CONGRESS C	OMMITTEE			Transaction ID: D109611 Date of Disbursement
Mailing Address 76 MAGNOLIA TERRA	ACE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City SPRINGFIELD	State MA	Zip Code 01108		Amount of Each Disbursement this Period
Purpose of Disbursement Voided Contribution				-2000.00
Candidate Name Rep. Richard E. Neal			Category/ Type	
Office Sought:  X House Senate President State: MA District: 02	rsement For: X Primary Other (spe	2010 General ecify)		
Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC				Transaction ID: D109742 Date of Disbursement
Mailing Address 175 SOUTH WEST TE	EMPLE SUIT	E 650		12 M / D 1 3 / Y 2 0 1 0 Y
City SALT LAKE CITY	State UT	Zip Code 84101		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributinos to Federal Candidates				5000.00
Candidate Name			Category/ Type	
Sen. Orrin G. Hatch				
Sen. Orrin G. Hatch	rsement For:  X Primary Other (spe	2012 General		
Sen. Orrin G. Hatch  Office Sought: House Disbu  X Senate		General		
Sen. Orrin G. Hatch  Office Sought:    House   Disbu     X Senate   President	X Primary Other (spe	General ecify) ▼		2000.00